THE UNIVERSITY OF
NEW SOUTH WALES

GRADUATE RESEARCH SCHOOL

APA/UPA ADDITIONAL ALLOWANCE CLAIM FORM

This form should be completed by APA/UPA holders requesting an additional allowance entitlement. The form can be lodged at the Graduate Research School, Ground Floor, Rupert Myers Building, with ORIGINAL receipts attached.

APA Holder's Details

Student ID: ☐ **Male** ☐ **Female** **Date of Birth:** / /

Surname: **Other names:**

Postal Address:

Telephone:

Email: **Fax:**

Degree Program: **School:**

Email: **Fax:**

☐ **APA or** ☐ **UPA**

Bank Details

If applicable, allowance claims are paid into a cheque or savings account.

Name of Institution:

Branch Address:

Name in Which Account is Held:

Account Type: ☐ **Cheque** ☐ **Savings**

BSB No (6 digits): **Account No:**

Allowance Claim

Type of allowance		**Amount**
☐ Thesis Allowance	Date of submission of thesis: ____/____/____	$_____
☐ Relocation Allowance		$_____
	Total amount claimed:	**$**_____

Declaration

I declare that the information supplied above is complete, true and accurate in every particular and am aware that there are severe penalties for providing false or misleading information.

Signature: **Date:** ____/____/____

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